

Letter From the Southwest

Our just desserts

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Suppose doctors weren't paid in dollars? The idea is not so preposterous. Patients in past eras have compensated doctors with chickens, clothing, furniture, and prayers. In exchange for conscientious health care, communities today might gift their physicians with cars, gasoline, homes, and heating oil. No bills would ever be mailed. No money would ever change hands. If a doctor or a doctor's family needed something, the community would provide it. Patients would care for doctors commensurate with how well doctors cared for patients.

Difficulties are easily identified. Doctors have staff to employ, educational debt to repay, and retirement equity to build. Who would pay for the medical equipment, the continuing training, and the malpractice insurance? Doctors would need guarantees that patients would value their services. What would happen if patients selfishly neglected doctors after doctors selflessly tended to patients? A thank you is all well and good. Saving for a child's college fund is something else entirely.

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But consider the disproportionate state of what we presently call "health care." Business leaders, not doctors, decide who gets what care and how much. Insurance companies, not patients, choose which illnesses people can have (and which are statistically too expensive). Corporate executives, not communities, benefit from managed care profits. Greed, masquerading as efficiency and cost-effectiveness, abounds.

It is easy to blame others for the avarice in

medicine. Doctors, however, must acknowledge their own roles. As people suffer, many physicians worry about profit margins and reimbursement. More and more doctors leave clinical medicine to become health maintenance organization gatekeepers, business administrators, or technology developers. Those who stay in practice claim to know what is best for patients. Yet, we overorder tests rather than observe symptom trends, and we overbook schedules rather than respect people's time. We even refuse to provide unreimbursed services, rather than do what we would only want done for ourselves.

Examples of doctors' selfishness are almost commonplace:

A doctor moonlighting for a managed care organization denies a request for out-of-plan specialty testing because a boy's ill-defined medical problem is potentially incurable. The doctor eventually approves the testing, not because the family is distraught, but because numerous confused hospitalizations would be more costly than "having a diagnosis."

A physician group decides to no longer attend cesarean section deliveries because insurance companies do not pay for time spent awaiting such deliveries. The group reconsiders its decision when local neonatologists threaten to assume care of all sick newborns, care that the physician group recognizes is well reimbursed by most insurance plans.

Most doctors do not mean to be mammonists; we enter medicine with the loftiest of ideals. Along the way, however, after countless sleepless nights and repeated harrowing clinical situations, we learn that the material world is an unjust place. Other people—who reliably sleep at night, spend time with families, and never once have to worry that choices they make help people live or die—these people make more money than we do, live in nicer homes, and build better stock portfolios. We come to want our fair share, to feel we deserve more than we have. But what do we really deserve?

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The incongruity between physician salary and patient suffering should give us pause. We no more deserve high salaries than sick people deserve diseases. What we deserve is less accountable, but more important: time to patiently listen, encouragement to be compassionate, and respect for the commitment we can make to people instead of reimbursement schedules. We do not deserve unwieldy educational debt, but neither do we deserve unparalleled personal wealth. We deserve the right to defend the intangibles, to live within and not outside of communities, and to help families balance life's joys with the inexplicable pain of its losses. Medicine is not—and should not become—a business. It is a calling, an opportunity to be different. Too many doctors mourn the loss of professional esteem without eschewing the selfish habits that have eroded that esteem. Much has already been lost by our myopic participation in market strategies and consumerism. What remains may depend on how honestly we reappraise our role and worth in healing, on how passionately we defend what is vital to people and their health, and on how freely we offer to forgo our fees.

In the end, dollarless care may be more than naïve idealism. When the dust settles from the political debate over power and policy in health care, the only solution to rising costs and waning compassion may be the simplest: take the profit out of medicine. Who among us is brave enough to place responsibility for our material well-being in the hands of patients? Why should patients trust us with their lives if we are unwilling to trust patients with our wallets?